

THE LOUISVILLE MEDICAL NEWS:

A WEEKLY JOURNAL OF MEDICINE AND SURGERY.

H. A. COTTELL, M.D., Editor.

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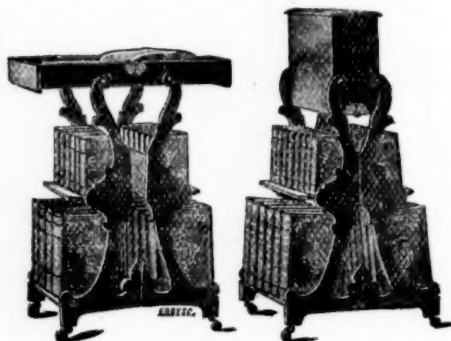
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THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, NOVEMBER 15, 1884.

Original.

SURGERY OF THE INTESTINES.*

BY E. P. EASLEY, M. D.

During the last few years much of the attention of the profession has been in the direction of abdominal surgery, and its possibilities have been asserted by many to be simply marvelous.

The remarkable success of ovariectomy, the sanguine prediction of the late Dr. J. Marion Sims in regard to shot-wounds of the peritoneum, and the reports of success attending certain surgical proceedings in gunshot and other wounds of the intestines, are the causes of this drift of thought, and likewise the cause of this delusive hope.

So much has been predicted of the future of intestinal surgery that the more sanguine look forward to the not distant day when to be disemboweled or shot through the guts will be a comparatively trivial accident.

These false ideas will be, by-and-by, diffused among the people, and when a man dies of a gunshot wound of the intestines (which he will most likely do) his friends will accuse his doctor of malpractice. Against this pernicious teaching I utter my protest, but I would not, surely, oppose, as advised, the division of the abdominal walls to make search for a wounded vessel or intestine, and when found to secure it by ligature or suture.

Dr. D. W. Vandell, in a recent discussion of this subject, epitomized it when he declared that five out of six men gut-shot would die, despite any or every aid, three of hemorrhage, one of peritonitis, and one of septicemia. This much by way of preface to the following report of cases:

One Sunday morning in November, 1882,

*Read before the Third Congressional Medical Society of Indiana, New Albany, October 28, 1884.

I was standing on my steps chatting with my neighbor, Dr. Lemon, when an old darkey approached, hat in hand, and with Chesterfieldian bow announced that "a colored gemman on State Street had his in'ards cut out, and would like for us two gemmans to come and put 'em back for him." He, doubtless, was a believer in the new doctrine, and considered such an accident of little importance.

On arriving at the house we learned that a man, a stout, burly fellow of thirty, on Preston Street, in Louisville, had been stabbed in the right groin with an ordinary pocket knife. He came at once to his home in this city, riding in a street car to Portland, crossed the river on the ferry-boat, and walked ten squares to his home.

We found a knuckle of intestine several inches in length protruding through a half-inch opening in the right iliac region. All efforts to return it were futile until we chloroformed him and enlarged the opening. This done, of course the reduction was easy. He got well speedily. The protruding portion of gut was very red and congested, due in part to the constriction at the opening and in part to the friction of a coarse woolen shirt which he wore, the motion of the street car favoring this condition. The point of the knife had entered the cavity of the intestine, making a hole that readily admitted the point of a small probe, but, as it was occluded by a hernial protrusion of mucous membrane, nothing was done.

CASE II. Late in the afternoon on the 15th of October, two years ago, A. K., a strong, healthy man, thirty-three years old, was shot at close range by a Smith & Wesson pistol of thirty-eight caliber. The ball entered the body on the right side between the ninth and tenth ribs, five inches from the median line. With slight assistance he walked a square and a half to the Central Hotel, in this city. I saw him within twenty minutes after the accident. I was unable

to determine whether or not the bullet had entered the abdominal cavity, though I was of the opinion it had not, as the symptoms did not warrant, positively, such a conclusion, there being but little shock or pain.

A hypodermic injection of morphine secured him a very comfortable night. On the morning of the 16th his temperature was 103°, but soon fell to the normal, and so remained, never rising again above 98.4. At night he got morphia, as before. On the 17th his condition had so improved (apparently, at least) that he was removed to his home, six squares distant. Drank some milk and beef tea—the first nourishment taken since the injury. Pulse and respirations decreasing in frequency—no pain or tympanites—retention of urine. 18th and 19th, case *in statu quo*. 20th, slight jaundice, with mental aberration—profuse sweating—temperature subnormal—extensive discoloration of the skin on the back in lumbar region, with swelling in the center. 21st, symptoms all aggravated—great prostration—hiccough. 22d. Opened abscess in lumbar region, giving exit to offensive gas and fecal matter—comatose—death at eleven P. M., seven days and five hours after injury. Autopsy held twelve hours after death.

Ball entered, as before stated, between ninth and tenth ribs, passed through the liver two inches from its lower margin, thence through the side of the hepatic flexure of colon, making a button-hole, and then burying itself in the lumbar muscles, two inches from the spine, opposite the second lumbar vertebra, and being surrounded by pus and fecal matter. There had been no hemorrhage and the liver showed no reaction from the wound, and had this been the only organ injured I think his recovery would have been almost certain. There had been local peritonitis, with softening of colon and adjacent tissues, all soaked in pus and fecal matter. The lumbar muscles were softened and saturated with the same materials, the whole forming a hot-bed of septic matter sufficient to poison a hundred men.

To epitomize: We had here a shot-wound of the liver and intestine, with extravasation of fecal matter, and death in seven days from septicemia. Now, gentlemen, here are some points for discussion (and it was mainly for the discussion likely to be provoked that the report was written):

1. Had only the liver been wounded, and in the manner described, would the man have lived?

2. Had only the colon been wounded, as described (only a button-hole was made, remember), and laparotomy done, the opening in the gut being sutured, would the patient have survived?

3. Had a spot diagnosis been possible, (wounded as he was in liver and gut) the abdomen opened and the hole in the bowel closed, as recommended by Gross and others, would he have been saved? Or was he hurt past all surgical help?

NEW ALBANY, IND.

CHRONIC SEPTICEMIA.*

BY L. S. OPPENHEIMER, M. D.

Merrit Wilson, aged thirty-three, height six feet two inches, sent for me November 12, 1883. He presented the following symptoms, signs, and history:

Extreme emaciation (I was almost able to span his thigh and upper-arm with the fingers of one hand), both legs, particularly the right, were strongly and unyieldingly flexed, constant moaning as if in great pain, patient hysterically fearful of being touched, crying when the light bed-clothing was removed, an almost incessant cough, sputa thick, frothy, sometimes bloody, large bed-sores, constant hectic flush. Pulse 120, temperature 103°, respirations 32 in the evening. Complained of greatest pain in right side along the crest of the ilium; slight diffuse puffiness over ilium, exquisitely sensitive; right lumbar and sacral regions and upper legs painful under pressure. Excessive diarrhea every morning after daybreak, lasting two to four hours. Profuse and exhaustive sweats. Rigors, two or three a day, and almost invariably one during the night. Highest fever in afternoon. No delirium. Dullness over apex of left lung and posterior portions of both lungs. Coarse and fine râles throughout. Microscope revealed nothing to indicate phthisis.

The family stated that the patient had been confined to bed for over four months, and that he had been in essentially the same condition as at present for the past two months; that he had been in the hands of two excellent physicians, who were much puzzled as to his case. It was at first supposed to be a case of malarial fever, on account of periodicity; afterward it seemed to resemble typhoid fever; then tuberculo-

*Read before the Third Congressional District Medical Society of Indiana, October 28, 1884, New Albany, Ind.

sis complicated with periosteal disease of the ilium. One physician, who saw the case with me, ventured a diagnosis of tuberculous disease of the cord in the lumbar region.

Upon close inquiry it was ascertained that the patient, who was a railroad brakeman, had been struck in the back by a backing train about a month before his illness, and was thrown upon the ground; that it confined him to the house for a few days only. He returned to his work but his back continued sore. One day he had a sudden and severe chill, and had been in bed ever since.

Believing that I had to deal with a case of septicemia due to abscess, after attempting for several days in vain to reduce the pulse and temperature, and to increase the patient's failing powers, I selected the most fluctuating (?) point in the swollen and sensitive area over the ilium, and pushed a scalpel down to the bone. Not only did no pus appear, but not a drop of blood followed the incision. Somewhat discouraged at this evident error in diagnosis, I ordered poultices to be faithfully applied. Opium, whisky, and tincture of iron chloride were the only remedies given.

No decided change occurred for about two or three weeks. A red spot was noticed at the end of that time over the right side of the sacrum, there was deep and indistinct fluctuation. The patient was chloroformed and a bold incision made, which was at once followed by an exceedingly offensive pus, over two pints in quantity (the assistants thought it about three, but it was not measured). A sound entered about ten inches upward and inward, in the direction of the quadratus lumborum. A perforated rubber tube was inserted next day, and the abscess thoroughly washed out every day for two weeks with permanganate of potash solution. The tube was inserted less deeply from day to day. The abscess healed completely in about three or four weeks. The diarrhea, cough, sweats, etc. improved as the healing progressed. There was no fever after opening the abscess. Appetite became voracious on the next day, and has continued so in spite of the hard times. General health excellent.

At the end of several months, both legs being considerably flexed in spite of daily efforts at gradual extension, patient was anesthetized and the legs forcibly straightened. Considerable inflammatory action followed the sudden tearing of the contracted mus-

cles, but disappeared without interference other than cold local affusions.

Remarks: The difficulty in diagnosing "masked septicemia" is generally conceded. Experienced clinicians in all parts of the world have overlooked it until the autopsy revealed the nature of the ailment. In *Schmidt's Jahrbücher* for July (Louisville Medical News), Dr. E. Moritz relates three cases terminating fatally, in which the symptoms led to the diagnosis of some other condition. Such instances are not infrequent in rural districts.

In washing out abscesses several things should always be remembered. It is bad practice to distend the abscess after the first few days. It retards adhesive tendencies in the abscess to wash it too often; it delays the cure to continue the washing after a reasonable length of time, that is, too much interference is as injurious as none at all. To prevent the entrance of air with the injections, the washings should be made through a glass funnel attached to a long rubber tube, which must be kept filled with the fluid.

I do not consider sudden extension, as was practiced in the above case, always the best thing to do. An apparatus could easily be devised whereby gradual straightening of the limb might be effected, and prove to be more rapid in the end, for our patient was in bed nearly six weeks as a result of the forcible extension. Besides, the latter operation is attended with much risk, the former with none.

SEYMOUR, IND.

Miscellany.

ELECTRIC QUACKERY.—In commenting upon the display of medical electric apparatus at the recent great electrical exhibition in Philadelphia, the editor of the *Medical Times* says: The old, well-known story of the powerful current setting toward quackery in all things electrical was most marked. There were but two, or possibly three, honest electro-therapeutical exhibitions in the whole list. The medical profession is in part to blame for this, because many physicians use batteries sold under false claims, and even a goodly number of practitioners do not know that such claims are false.

Every battery which is offered, as many of them are, as giving a galvanic current from the primary faradic coil is fraudulent

in at least this claim. The faradic current is induced only at the making and the breaking of the circuit. When the circuit is closed the galvanic current, of course, passes through the closed circuit and does not enter the body; when the circuit is opened, of course the galvanic current can not pass any where, because there can be no current, it being the cessation (that is, breaking) of the current which makes the induction. It is plain that a force can not be existent and non-existent at the same time any more than can a material substance. If the galvanic current exists and is not interrupted or broken, there can be no induction.

Again, faradic batteries which profess to get divers mysteriously-endowed currents by using a multiplicity of coils made of wires of different sizes or of different metals, methods of winding, etc., are fraudulent in their claims. There is but one kind of galvanism, and currents can only vary in strength and electro-motive force. Alongside of the highly scientific batteries, dynamos, and what not of the exhibition were medical batteries asserting practically that there is such a thing as a copper electricity, an iron electricity, a silver electricity, and so on. All of which reminds one of certain parts of London, in which the lowest slums abut against the fine palaces of the money-kings.

BLOOD OF THE MOTHER INFLUENCED BY THE SEX OF THE CHILD.—A writer, in American Journal of Obstetrics, says he is persuaded that there probably is a difference, however trifling, in the blood of a pregnant woman carrying a male from that usual in carrying a female. He argues that female conceptions are attended with constipation, which indicates an absorption of fluids into the circulation; and, if the blood contains a large proportion of water in the case of female conceptions, this might in some measure explain the longer duration of the lochial discharge in such cases. Heaviness of spirits, drowsiness, bad color, indigestion, etc., in pregnant women carrying girls, may be accounted for by the constipation which is found in the mother in such cases. *New England Medical Monthly.*

This is mere nonsense.

NON-IDENTITY OF THE BACILLUS OF CHOLERA NOSTRAS AND THE COMMA-BACILLUS OF ASIATIC CHOLERA.—Another discovery, the finding of the comma-bacillus in cholera nostras, has caused great excite-

ment these last few weeks, tending, as it were, to overthrow Koch's theories. Prof. Finkler and Dr. Prior, of Bonn, who claimed to have made this discovery, and reported it at the meeting of German Naturalists and Physicians in Magdeburg, went to Berlin and exhibited their specimens to Prof. Koch at the office of the Imperial Board of Health. Koch confirmed their view of the presence of microbes resembling the comma bacillus, but requested that they send him sterilized cultures. They were received last week; the so-called comma-bacilli, however, proved to be three different species of bacteria—a micrococcus, a bacteria of rod like appearance, and a micro-organism really resembling the comma-bacillus. These have no relationship with Koch's comma-bacillus, and the last of the three especially was much thicker and plumper than the more delicate comma-bacillus of Asiatic cholera.—*Phil. Medical News.*

A CURIOUS case of death from the bite of a pig has been reported in Birmingham. The son of a pork-butcher, while playing with a pig, was bitten on the hand. The case was treated at a hospital, but symptoms of blood-poisoning supervened and the patient died. No further details are given, nor does the report mention if the blood-poisoning was regarded as due directly to the bite or was of secondary nature. There is nothing specially dangerous about the bite of a pig, but the explanation of the above case may possibly be found to rest more upon the recognition of the foul habits of the animal occasioning a poisoned wound, than upon any thing "poisonous" in the pig's bite by itself. A clean pig's bite, in other words, is not dangerous in so far as poisoning the wound is concerned, any more than would be the bite of a man, though it is possible that where the teeth or mouth-secretions are infected in either case mischief might follow.—*Health.*

TYPHOID FEVER appears to be on the increase in Louisville, and is therefore a popular theme for clinical reports, essays, and discussions at the meetings of our local medical societies. At the meeting of Louisville Medical Society, on the 7th instant, Dr. J. M. Clemens read a paper on the Etiology of Typhoid Fever, as suggested by the circumstances of our local endemic, and the water-supply of that portion of the city in

which the disease is now so widely prevalent. The article led to the exchange of some very dissimilar views among the fellows, and the theme was made the topic for special discussion at the next meeting, which will be held on the evening of the 21st inst. In view of the great interest which the events of the last few weeks have awakened in the professional mind, it is probable that the attendance will be unusually large.

THE PRICE OF COCAINE HYDROCHLORATE. The first preparations of cocaine hydrochlorate used in this city were procured at an expense of sixty cents a grain, or twelve dollars an ounce for a four-per-cent solution. It will probably be soon about forty cents a grain. Its price, from present indications, can not become much less, as only 0.01 to 0.02 per cent of cocaine can be extracted from the erythroxylon coca, depending on the quality of the leaves. The salt used in Albany at Dr. Merrill's college clinic cost four dollars and twenty cents per ounce, or eighty-seven and a half cents a grain. On the other hand, it may not be generally known that Merck, whose laboratory prepared the first used in this city, has an agency in New York which receives by cable early word of the exportation of special drugs, and that a considerable quantity is now under way to New York. At the principal druggists here the demand has far exceeded the supply. It is to be hoped that the new importation will bring the drug within easy reach of all. It had been used on the continent in throat clinics several months before its introduction into ophthalmic practice by Dr. Koller, which was at the annual Ophthalmologic Congress in Heidelberg, September 15th. We learn from a professional friend living in our vicinity that he had used it in a case of paresthesia of the larynx of an exceedingly nervous lady some weeks before the publication of Dr. Noyes' letter in this journal.—*Med. Record.*

CUT CHAFF as a filling for mattresses is said to be used by Tannier in the Maternity Hospital. After every individual accouchement the cut chaff is burnt. Instead of the rubber cloth, paper saturated with pitch is used. This also serves for one accouchement only. When this practice is properly appreciated, we think it will be of more value by far than all the bichloride bedstead washings. Especially will this be the case if the professor, as we have little doubt he does, subjects the said chaff

to an elevated temperature previous to filling the mattress. We have before thrown out the suggestion that not sufficient attention has been paid to the question of mattresses in cases of prolonged fever.—*Weekly Review.*

MELLIER'S STANDARD SADDLE-BAGS AND BUGGY CASES are deservedly popular with the profession. They are made of the best materials, the leather, which is black or russet, being in one piece and without stitches. The mountings are nickel-plated, and the partitions are all of leather. The bottles, which hold from three fourths of an ounce to four ounces, are of extra strength, and furnished with acid-proof rubber corks. For neatness, convenience, and durability, they are without a rival. For prices and styles see advertisement.

DR. W. M. FUQUA, of Hopkinsville, Ky., well known to our readers as the author of numerous forcible papers on surgery and practical medicine which we have been privileged to publish from time to time, has been recently elected to the chair of anatomy in the Memphis Hospital Medical College. His varied learning and liberal culture will adorn his professorial labors, while the city of Memphis will secure in Dr. Fuqua a model citizen and a practitioner of sterling ability.

JOSEPH LEITER AND THE VIENNA GENERAL HOSPITAL.—On the occasion of the celebration of the one hundredth anniversary of the Wiener Allgemeinen Krankenhaus, with which he is so intimately connected, Herr Joseph Leiter, the celebrated Vienna surgical instrument maker, announced his intention of supplying artificial legs to the extent of five hundred florins (\$835) per annum, to patients who have undergone amputation.—*Phil. Medical News.*

THE hard times have not been without their effect upon the profession. Not only have the receipts of lawyers and medical men fallen off, but cases of destitution are met with on every hand.—*New York Correspondent Phil. Med. News.*

MR. VANDERBILT'S GIFT.—The princely gift of \$500,000 of William H. Vanderbilt to the College of Physicians and Surgeons was made last year, but was kept a secret, as the faculty were in negotiation for land in the upper part of the city.—*Ibid.*

THE CHOLERA IN FRANCE IN 1884.—According to the Medical Times and Gazette of October 11th, the *Lyon Medicale* of October 5th states that a statistical enumeration shows that from the 17th of June to the 15th of September there have been about five thousand deaths, distributed over two hundred communes, which supposes at least ten thousand or twelve thousand cases of the disease.—*Phil. Medical News*.

THE NEGRO EXEMPT FROM HAY ASTHMA. At the first meeting of the Baltimore Clinical Society for the current year, on October 3, 1884, Dr. John Mackenzie read an interesting report of a case of "Hay Asthma in a Negro." It is a recognized fact that the negro race is practically exempt from this disease. This was the only case which Dr. Mackenzie had ever seen or heard reported.—*Medical Bulletin*.

THE INFLUENCE OF DIET ON HEADACHE. Haig (Practitioner) reports at length a peculiar case of migraine which had long resisted treatment, and was finally cured only by strict adherence to a vegetable diet. Meat seemed to act upon the patient as a veritable poison.—*N. York Medical Journal*.

CHROMIC ACID IN MERCURIALISM.—Dr. Cauquil, of Montpellier, states that two or three applications of a five-per-cent solution of chromic acid with a brush suffices to eliminate salivation and other sequelæ of an excessive use of mercury.—*Ibid*.

A MISSING NUMBER.—The MEDICAL NEWS of December 23, 1882, is missing from our files. If any friend should have the number to spare, and will mail it to No. 920 W. Chestnut Street, Louisville, Ky., he will confer on us no small favor.

DR. G. W. BARR writes in the Medical and Surgical Reporter that when five or six grains of quinine are mixed with one dram of Parke, Davis & Co.'s syrup yerba santa. arom., the mixture has scarcely a perceptible bitterness and no after-taste.

CREMATION IN ITALY.—The Italian Government has ordered the building of a crematory, on the Gordni Guzzi system, for the cholera lazaretto at Varignano.

GLEET.—*Pinus canadensis* is a specific in gleet. Its action is prompt and permanent.

THE New Orleans Medical and Surgical Journal has passed into the hands of an association of physicians known under the name of the "New Orleans Medical Publishing Association." A marked improvement is noted.

THE late meeting of the American Pharmaceutical Association appointed a committee to devise a plan for compelling manufacturers of patent medicines to publish the formulas of their preparations.

THORACIC PAINS IN PHTHISIS.—Dr. Rigaud recommends against the "stitch in the side" of advanced consumptives the covering of the ailing part with a thick coat of collodion to secure its immobilization.—*Ex*.

ANTIDOTE FOR IODOFORM.—Dr. Behring found tablespoonful hourly doses of a twenty-per-cent solution of bicarbonate of potassium to act as a prompt antidote in iodoform poisoning.

THE death of a child, aged two and a half years, recently occurred, in England, from the sting of a wasp on the arm. Severe inflammation of the limb set in, and in four days the fatal result took place.

FOR constipation (Medical Bulletin):

R. Olei ricini, } aa ʒss. to ʒij.
Olei amygdalæ dulcis, . . . }
Sig. Inject into the subcutaneous cellular tissue of the back or limbs.

A DRAM of balsam of copaiba to an ounce of white vaseline makes an ointment popular with New York ophthalmologists in treating chronic conjunctivitis.

THE Royal College of Surgeons, of England, will receive nearly a hundred million of dollars from the estate of the late Sir Erasmus Wilson.

DR. AUSTIN FLINT, jr., after a period of many years devoted exclusively to physiology, has resumed the practice of his profession.

CHOLERA is spreading in Paris. For the forty-eight hours ending Saturday at midnight sixty-three deaths were reported.

PROF. L. MAUTHNER is mentioned as the probable successor of the late Prof. Jäger as Professor of Ophthalmology in Vienna.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.

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HEROISM IN MEDICINE.

On the tenth of last month, the Royal Free Hospital, Gray's-inn Road (London), was the scene of a sad event which adds another name to the long list of heroes whose noble deeds shall for all time redound to the glory of medicine.

A child of four years, the victim of diphtheria, and threatened with suffocation, was in the usual manner submitted to a tracheotomy by Dr. Samuel Rabbeth, a young physician and resident officer in this institution of charity. The dyspnea not being at once relieved by the operation, this physician, knowing well the nature of the disease and the peril involved in the act, without hesitation put his mouth to the tube and sucked out the obstructing membrane. In three days he presented the prodromic symptoms of the disease; on the fourth, the throat became sore; on the fifth, diphtheritic patches were seen upon his fauces and palate, and he expectorated large flakes of the characteristic membrane. From this time he grew steadily worse, while the disease extended progressively down the trachea and into the bronchi, until the seventh day, when he coughed up a complete cast of the trachea and one bronchus, sank in extreme exhaustion, be-

came cyanotic, and died in a paroxysm of dyspnea with evidences of a clot in the pulmonary vessels. His desperate condition made piteous appeal to the sympathies of his fellows, and brought to his bedside many members of the guild, among whom were some of the most eminent physicians, who exhausted every resource of therapeutic art for his relief, while the heroic act which thus robbed medicine of a young and noble votary has called forth warm eulogiums from the profession on every hand.

The great risk incurred by the physician in undertaking the management of diphtheria in any case is a solemn accompaniment of professional duty, and when death by suffocation is imminent, the tracheotomy, which affords the only hope for the patient, becomes a procedure of peculiar peril to the operator, because of the liability of the tube to obstruction, and the chance that in this emergency he can have but one grave alternative, either he must suffer the patient to die under his hand or risk his own life by sucking out the deadly exudate. No doctor can, in the present state of surgical resources, attend a case of diphtheria without standing under at least the possibility of having to face the terrible issue which cost this noble young man his life, and a reference to the medical journals of recent years will show that Samuel Rabbeth is not the only physician who has met it with a heroic spirit and paid the fatal penalty.

Now, while we give the highest praise to one who lost his life in a heroic endeavor to save a dying child, we may turn to find a striking lesson in the case, since, in the present high development of the surgical art, the ordeal is one which no doctor should be allowed to pass through, and the fact of its existence is no flattering reflection on those members of the profession whose minds are of an inventive turn. For it must be said that these very practical men, while distinguishing themselves by a thousand and one clever devices for the making of operations safe to the patient and easy for the surgeon, have

failed to provide such mechanical contrivances as shall insure the safe and rapid clearing of a clogged tracheotomy tube in any emergency.

It would be unjust to say that no effort has been made in this direction, for we know of a very ingenious forceps devised for the purpose by Dr. F. C. Wilson, a well-known physician of Louisville, while Dr. Robert William Parker has recently presented (British Medical Journal, November 1, 1884), an elastic rubber catheter with a glass bulb so placed in its course that disinfecting substances or cotton wool may be fixed between the mouth of the physician and any exudate which may be drawn from the previously obstructed tracheotomy tube. But the forceps would probably be too slow of action, or otherwise foreign to the purpose in the presence of a large amount of membrane, while the chances that the deadly microbe might weather the germicide or pass through the cotton in the bulb, and thus find lodgment in the mouth or throat of the operator, are much against the theory of its safe application.

In view of the situation we venture to suggest, though we have never enriched the armamentarium of surgery with so much as a new probe or retractor, that our inventors try something gotten up on the plan of the aspirator, which may be made to exercise a power of suction equal at least to that of the human mouth, and which shall safely deposit the offending membrane in a closed receptacle.

"I pr'ythee, Tom, beat Cut's saddle, put a few flocks in the point; the poor jade is wrung in the withers out of all cess."

This, if Shakspeare may be trusted, is the style in which the English carrier talked in the days of King Henry the Fourth.

"I vary my rounds by occasionally driving myself in a light dog-cart. In wet weather a carriage may perhaps be more comfortable, but in cold weather I much prefer the pig-skin."

And this, if the London Lancet may be trusted, is the style in which the English doctor talks in the days of Victoria.

Bibliography.

The Ear: its Anatomy, Physiology, and Diseases. A Practical Treatise for the use of Students and Practitioners. By CHARLES H. BURNETT, A.M., M.D., Professor of Otology in the Philadelphia Polyclinic and College for Graduates in Medicine; Consulting Aurist to the Pennsylvania Institution for the Deaf and Dumb; Aural Surgeon to the Presbyterian Hospital, Philadelphia; President of the American Otological Society. With one hundred and seven illustrations. Second edition, revised and rewritten. Published by Henry C. Lea's Son & Co., Philadelphia.

This volume contains nearly 600 pages, arranged in seven sections. Many of the cuts are excellent. The chapter devoted to the methods of testing the hearing is deficient in this, as in all other works of the kind. The author deals with diseases of the auricle and external auditory canal *in extenso*, and gives many valuable hints to the practitioner of medicine that will well repay him for his investment in the book. On page 292, in discussing the manner of destroying maggots in the ear, Dr. Burnett says the following fluids, "innocuous to the ear," were found to produce death of the worm in periods of time mentioned below: those placed in a saturated solution of salicylic acid died in thirty minutes; those placed in alcohol died in from five to ten minutes; those placed in ether fortior (Squibb) died in two minutes; those placed in chloroform died instantly. Dry calomel placed on maggots will also kill them, and tannic acid is said to possess similar properties. Lucas says that an infusion of cherry leaves will kill maggots. These are facts that every doctor should know.

On page 399 Dr. Burnett says that "various applications have been advised and made to the mucous lining of the eustachian tube in order to allay chronic inflammation. In most cases they do more harm than good. Beyond weak solutions of the bicarbonate of soda (gr. v—f. oz. j), and sulphate of zinc (gr. j—f. oz. j), all injections into the eustachian are of risk." In this I think that Dr. Burnett is correct; at all events, there is but little good accomplished by such medication.

The treatment of chronic purulent inflammation of the middle ear as set forth by Dr. Burnett, and as can be attested to by hundreds of aurists throughout the land, shows that a great advance has been made in the management of this particular disease.

A comparison between the old way of treating otorrhea, "the moist method," by syringing and drops, and the new way, or dry method, which consists in freeing the ear from as much moisture as possible, by inflation and removing the pus and other fluids with absorbent cotton and then blowing boric acid, or some other substance, as for example the salicylate of chinoline one dram, boric acid one ounce, rubbed well together, applied as indicated above. Fifteen cases taken promiscuously and treated by the "old method" required an average of two hundred and twelve days. Fifteen cases selected in a manner similar to those in the first instance, and treated by the dry or "new method," required an average of seventeen to eighteen days. The above comparison shows that it is unnecessary to contend for the "old method," and I can truthfully say that I have obtained results from the new method of treatment, in cases of chronic suppurative inflammation of the middle ear, that have been most surprising to me, so rapid was the recovery of cases that were seemingly almost hopeless. In conclusion, it must be said that Dr. Burnett has presented the profession with a valuable work, and that this last edition is fully abreast with the times. M. F. C.

A Manual of Diseases of the Throat and Nose. including the Pharynx, Larynx, Trachea, Esophagus, Nose, and Naso-pharynx. By MORELL MACKENZIE, M. D., London, Consulting Physician to the Hospital for Diseases of the Throat, Lecturer on Diseases of the Throat at the London Hospital Medical College, and Corresponding Member of the Imperial Royal Society of Physicians of Vienna. Volume II: Diseases of the Esophagus, Nose, and Naso-Pharynx. New York: William Wood & Co. (Library of Standard Medical Authors for 1884.)

The last volume of Morell Mackenzie's work on Diseases of the Throat and Nose, like the first, is a model book of its kind. It is written in a clear and concise manner, and each subject is illustrated by clinical reports of cases, which makes the work very practical, and one that will prove useful to the general practitioner of medicine as well as the specialist.

The two chapters devoted to the consideration of Tumors of the Nose are probably the most important in the book, inasmuch as both physicians and surgeons of all classes are interested in this line of surgery.

In discussing the subject of reflex effects

of nasal obstruction the author says, "Hack, who considers that nightmare, cough, hemiplegia, brow ache, certain vasomotor phenomena shown by quasi-erysipelatous symptoms (in which there is a temporary limited redness of the cheeks), attacks of giddiness, epilepsy, rhinorrhea, and hay fever, often owe their origin to polypus or tumefaction of the nasal mucous membrane. Hack gives many illustrative cases in which the various complaints referred to were cured by surgical operations within the nose. Lowe reports a case in which epileptic fits, which had before been of almost daily occurrence, suddenly ceased when the nasal passage was made clear. The obstruction had been produced by a polypus in the left nostril, accompanied by hypertrophy of the mucous membrane covering the lower turbinated body, and adenoid vegetation about the posterior nares. When these sources of irritation had been removed the fits only came on under the influence of some extraordinary mental disturbance."

The author says: "In connection with Dr. Hughlings Jackson, and Dr. Sillifant, of Barnsbury, I treated a gentleman, aged fifty-five, who had suffered for some months from attacks of extreme restlessness, together with such severe dyspnea, that he was unable to lie down at night. He also had violent paroxysms of facial spasm, and on one or two occasions epileptiform seizures, during which he was unconscious for twenty minutes or half an hour. There was a mass of polypi in the upper part of the nasal passages on both sides. These growths having been almost completely removed, the paroxysms of dyspnea entirely ceased, and the other nervous symptoms gradually disappeared."

I think that there can be no doubt that inflammations of the nose frequently produce reflex manifestations which would seem in no way connected with the nasal lesion. A case occurred in my own practice a few years since in which the patient was unable to comb or brush the hair on the right side of the scalp without the act producing the most violent sneezing. This peculiar condition was mentioned incidentally while I was examining the patient for the purpose of treating her for a nasal catarrh. In time the inflammation in the nasal membrane subsided, and with it the desire to sneeze when the hair was brushed or combed.

Dr. Mackenzie says, that "the following cases of asthma, dependent on growths in

the nares, occurred in my own practice. One of these cases was that of a lady, aged sixty-three, who consulted me in March, 1874. She had suffered for three years from severe attacks, which came on nearly every night. Various remedies had been used with partial success, but the asthma was entirely cured by the removal of two large polypi, one from each middle turbinate body.

"In a second case, the patient was a gentleman, aged forty-seven, whom I first saw in July, 1876. During the previous five years he had suffered occasionally from asthma, the paroxysms, as in the last case, always occurring at night. The removal of a quantity of small growths from the neighborhood of the superior turbinated body on the right side entirely relieved the patient of his asthmatic attacks, which, however, returned after an interval of four months. The recurrence of the dyspnea was found to be coincident with a fresh development of polypi, and on their removal the symptoms again passed off.

"In a third patient, sent to me by Dr. Hughes Llanberis, very severe attacks of asthma appeared to have been caused by the presence of polypi in the nose; violent paroxysms were also produced by the insufflation of tannic acid."

The above extracts from Dr. Mackenzie's book seem to be worthy of the attention of all who engage in the practice of medicine, inasmuch as they contain a number of valuable points about which there is but little known at present. In discussing the possibility of hay fever being produced by chronic hypertrophy of the mucous membrane of the nose, Dr. Mackenzie says: "My own experience, however, does not confirm this view. While fully admitting that many reflex phenomena may arise from disease within the nose, I must caution the younger specialists that the various complaints referred to as resulting from nasal disease are much more frequently due to other conditions, and that every other possible cause must be eliminated before the nose is criminated."

M. F. C.

Lectures on the Principles and Practice of Medicine. By NATHAN SMITH DAVIS, A. M., M. D., LL. D. Chicago: Jansen, McClurg & Co. 1884.

This book is written in that easy style of language appropriate to the lecture-room, which also makes good reading in the

study. Like most old teachers, Dr. Davis takes the liberty of rambling at large over certain favorite fields, as, for instance, the treatment of typhoid fever. The result is quite different from that had by the usual arrangement of the text-books. The most important matters in this way get the most attention. Histological studies are not yet so nearly related to practice as to demand the minute study of the doctor.

To give short accounts of these may not be the best for a systematic work purporting to represent what is known about disease, still, as the average medical reader skips that part anyway, we are not disposed to find much fault on this score. The practitioner will generally begrudge even that little space when he sees how well Dr. Davis handles the details of therapeutics. While we can not agree with his rather extreme views on the use of alcohol in disease, it must be conceded that he makes a good showing for them. Doctrines so well put must exert a beneficent influence in the way of reducing the too-liberal use of alcohol as a remedy.

If the author will compare his arrangement of subjects and chapters with that in vogue, he must see that there is good reason for the conventional method. It is no improvement on custom to break off short the chapter discussing bronchitis before he is half done with it. When lecturing on that disease it probably happened that his sixty minutes gave out at this point, but it is not at all likely that his readers will have their interest arrested so. It is a drawback to the lecturer that he must stop when the bell rings. There is no reason why the writer should not be spared this by arranging his matter in divisions according to scientific grouping. This is not incompatible with the lecture-mold into which the author has preferred to cast his metal. It is good metal. There are many hints of value, fruits of book-culture and experience that can be gleaned from its pages. Put beside Loomis and Flint and Bartholow, it compares favorably with any, and has points of originality which make it unique.

J. W. H.

A FRENCH COMMISSION TO STUDY CHOLERA IN ITALY.—The French Government has appointed Prof. Jules Aronsohn as chief of a commission to study the cholera in Italy, in its etiological and therapeutic aspects.

Correspondence.

HEALTH IN MICHIGAN, OCTOBER, 1884.

Reports to the State Board of Health, Lansing, by observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of October (five weeks ending November 1), 1884, as follows:

Diseases arranged in order of greatest prevalence.	For preceding month.	
	Per cent of reports stating presence of disease.	Per cent of reports stating presence of disease.
Diarrhea	75	88
Intermittent fever	72	84
Rheumatism	67	61
Neuralgia	64	57
Consumption of lungs	60	62
Bronchitis	56	44
Remittent fever	52	59
Dysentery	44	56
Tonsillitis	44	31
Influenza	37	24
Typho-malarial fever	36	27
Cholera morbus	31	62
Erysipelas	28	22
Cholera infantum	28	51
Typhoid fever (enteric)	25	15
Pneumonia	22	13
Diphtheria	22	19
Inflammation of bowels	22	21
Inflammation of kidney	22	18
Whooping-cough	16	22
Scarlet fever	9	11
Inflammation of brain	8	8
Membranous croup	8	3
Cerebro-spinal meningitis	7	5
Measles	6	10
Puerperal fever	5	6

For the month of October, 1884, compared with preceding month, the reports indicate that influenza, tonsillitis, bronchitis, typhoid (enteric) fever, pneumonia, typho-malarial fever, and neuralgia increased, and that cholera morbus, cholera infantum, diarrhea, dysentery, intermittent fever, and remittent fever decreased in prevalence.

Compared with the average for the month of October in the six years, 1879-1884, dysentery, diarrhea, cholera infantum and cholera morbus were more prevalent, and intermittent fever and typho-malarial fever were less prevalent in the month of October, 1884.

For the month of October, 1884, compared with the average of corresponding months for the six years 1879-1884, the temperature was slightly higher, the abso-

lute humidity and the night ozone were slightly more, and the relative humidity and the day ozone were slightly less.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of October, 1884, at forty places, namely: Armada, Ann Arbor, Adrian, Albion, Big Rapids, Coldwater, Charlevoix, Detroit, Douglas, Edmore, East Saginaw, Fowlerville, Garfield, Grand Haven, Grand Rapids, Handy, Houghton, Hastings, Hartford, Howard City, Kalamazoo, Lyons, Port Austin, Lansing, Leelanaw, Marcellus, Muskegon, Meredith, Mendon, Manistee, Northport, New Buffalo, New Haven, Port Huron, Reynolds, Romeo, Sand Lake, Springwells, Wyandotte, Whitehall. Scarlet fever at nineteen places: Burr Oak, Coldwater, Columbiaville, Cadillac, Detroit, East Saginaw, Grand Rapids, Ishpeming, Jasper, Kalamazoo, Lelanaw, Manistee, Muskegon, Portland, Vicksburg, Wyandotte, Albion, Cedar Plains, Roxana; and measles at six places: Detroit, Cadillac, Ithaca, Marcellus, Whitehall, and Wyandotte.

HENRY B. BAKER,

LANSING, Nov. 7, 1884.

Secretary.

Selections.

THE LIMITS OF VAGINAL HYSTERECTOMY FOR CANCER.—At the recent meeting of the American Gynecological Society, Dr. Paul F. Munde read a paper on this topic (Philadelphia Medical News). He said that he had operated in two cases of uterine carcinoma by the method of vaginal extirpation. One case had survived the operation nine months, but the disease, as predicted by Dr. Heitzmann from a microscopical examination, had returned. The other case died from loss of blood.

He exhibited the uterus and annexa removed from these two cases. He desired to reply to Dr. Jackson's paper, read at the last meeting of the Society, in which the conclusion was reached that extirpation of the cancerous uterus was not justifiable. If Dr. Jackson had confined himself to the condemnation of Freund's operation, he would have fully concurred with him. Freund himself had given up this operation. Dr. Jackson's propositions were:

1. A diagnosis of uterine cancer could not be made sufficiently early to insure its complete removal by the extirpation of the uterus.

2. When a diagnosis could be made there was no reasonable hope for a radical cure, and other methods of treatment for ameliorating suffering or retarding the progress of the disease and prolonging life, were equally effectual.

3. Extirpation of a cancerous uterus was a dangerous operation.

He then proceeded to reply to Dr. Jackson's propositions by an array of clinical and statistical evidence. To the first proposition, alone, he partially assented. To the third, he presented the following statistics in reply:

Billroth's Clinic: Excision of mammary cancer, thirty-four cases, 20 per cent mortality; excision of lingual cancer, eighteen cases, 43 per cent mortality; excision of rectal cancer, five cases, 53 per cent mortality.

Rose's Clinic (Marburg): Mammary cancer, 26.30 per cent mortality; lingual cancer, 11 per cent mortality; rectal cancer, 53 per cent mortality.

Schröder had recently reported one hundred and five high vaginal amputations, with a mortality of thirteen, or 12.30 per cent; in Freund's operation a mortality of 62 per cent; in thirteen supra-vaginal amputations by laparotomy, a mortality of 30 per cent. Of all cases collected of total extirpation of the cancerous uterus, two hundred and fifty-six in all (ten of these being American), sixty-two cases, or 24.6 per cent, died. Surely a good showing in comparison with the results of excision of cancerous tumors from other organs. The Medical News, of September 19, 1883, published in its editorial columns the mortality of one hundred and sixty-seven operations; fifty-two patients, or 31.13 per cent, had died. With increased experience, more perfect technique, and careful selection of cases, the mortality of total extirpation of the cancerous uterus would be brought down to a still lower figure.

Dr. Munde formulated his conclusions after this thorough *resume* of clinical observations and statistics as follows:

1. Limitations of the cancerous degeneration to the uterus and absolute freedom from disease of the parametrium. (Of course, the disease must extend above the level of the vaginal vault, and be ineradicable by simple amputation or excision.) If the finger in the vagina or rectum detects the slightest infiltration of glands, lymphatic vessels or cellular tissue, or the microscope reveals doubtful cellular formations in sec-

tions of mucous membrane removed from the vaginal vault, complete extirpation should be abandoned.

2. Cancer of the cervix extending up the cervical canal to a height, the precise limit of which is doubtful, thereby rendering the probability of complete removal of the disease by high supra-vaginal amputation and cautery extremely questionable.

3. Cancer or sarcoma of the body of the uterus. Schröder's method of intra-peritoneal amputation of the *corpus uteri* might be substituted (several operations, with two deaths; no recurrence within two and a half to five years in four cases, or 80 per cent). The fifth case could not be traced.

4. Perfect freedom of motion of the uterus, so that the uterus can easily be drawn down to the vulva by traction on the cervix, and can be moved in every direction. This condition I consider absolutely indispensable.

5. A capacious vagina, permitting ready exposure of the cervix and vaginal vault throughout, and easy manipulation of ligatures and instruments. Section of the perineum should be admissible for the purpose only when a narrow vagina is the sole obstacle to a successful operation.

6. A sufficiently vigorous condition of the general system, such as absence of other serious organic disease of other organs, as to permit the patient to stand the shock which, as a rule, is very much less than the gravity of the operation would lead one to expect. Cachexia, if present, would denote such progress of the local disease as to contra-indicate the operation. Olshausen had well said, "The safe plan is always complete extirpation."

Dr. Jackson did not think Dr. Munde's array of evidence, clinical or statistical, rendered invalid the conclusions of last year's paper. Two centuries of human life had been needlessly sacrificed by the operation. The period of prolongation of life, in so-called successful cases, could not, by any array of figures, be made to equal two centuries. The fact that the mortality of the operation had been reduced from 31 per cent to 25 per cent had no particular bearing upon the principal question in Dr. Munde's paper. He was strengthened in the position taken one year ago.

Dr. Van de Warker was grieved that Dr. Jackson's paper had been apparently commended at last year's meeting, for the matter had gone abroad that American gynecolo-

gists opposed the operation. This was not the case. Carlyle once wrote to Emerson, "Nothing lies like figures, except facts." Very few inferences could be logically drawn from statistics. The question at issue was, How many recover? not How many die? He was an especial advocate of the knife. He thought other methods yielded equally favorable results.

ALTERATIONS IN THE ACTION OF DIGITALIS PRODUCED BY FEBRILE TEMPERATURE.—Drs. T. Lauder Brunton and J. T. Cash conclude an able paper on this topic in the *Practitioner* for October, as follows: We may now summarize the results of our experiments on the effect of heat upon the pulse, and on the modification it produces on the action of digitalis.

In the cat and probably all animals in which the vagus center exerts, as it does in a man, a considerable restraining influence upon the pulse, rise of temperature causes at first a slight quickening of the pulse, which is probably due to stimulation of the cardiac ganglia.

This quickening does not increase in such constant proportion to the temperature as it does in rabbits, in which the vagus center normally acts but slightly upon the heart.

When the temperature rises in the cat above a certain point it weakens the action of the peripheral ends of the vagus on the heart, and also weakens the vagus center in the medulla.

The action of heat upon those two parts of the nervous system appears to be of the same kind, but it differs in degree; the center appearing to be more affected than the periphery, so that its inhibitory action is completely abolished at a time when the peripheral ends still retain their functional activity to a great extent.

Though the inhibitory center in the medulla is rendered inactive by the heat so that it does not act on the heart, it is not completely paralyzed, and is still able to restrain the heart when it is called into action by a powerful stimulus, such as strong galvanization of one of its afferent nerves.

The action of digitalis upon it is that of a stimulant increasing its activity, and is very much like the effect which we should expect from gentle instead of strong stimulation from one of its afferent nerves.

The practical conclusion which results from our experiments is, that a high temperature lessens the inhibitory power of the vagus center in the medulla to such an ex-

tent that digitalis, and probably all drugs which act like digitalis on this center lose, to a great extent, their power to restrain the action of the heart and slow the pulse.

The administration of digitalis, or of drugs which act like it, to patients in a febrile condition is, therefore, likely to have much less effect on the pulse than at the normal temperature, and if the temperature be very high they may have no effect at all while this persists.

When the temperature begins to fall the pulse naturally becomes slower, and this slowness is increased if digitalis has been given at the height of the fever. It is, therefore, evident that digitalis and its congeners, if they are given at all when the temperature is high, should be given with great care, for otherwise the medical man may be induced, by the apparent inaction of the remedy, to push its administration too far during the fever, with the consequence of producing too great depression of the pulse during defervescence.

LOTIONS FOR MERCURIAL STOMATITIS.—The following formula is given in the *Union Medicale*:

Tincture of iodine,	4 grams.
Cinnamon-water,	50 "
Syrup of cinnamon,	20 "
Distilled water,	250 "

To be used as a mouth-wash. If the breath is fetid, the following mixture may be substituted:

Chlorine-water,	10 grams.
Decoction of althaea,	300 "
Honey of roses,	40 "

PILLS FOR HABITUAL CONSTIPATION.—The same journal gives the following formula:

Extract of socotrine aloes,	1.80 gram.
Pure ox-gall,	1.20 "
Resin of podophyllum,	0.15 "

To be divided into ten pills. One pill to be given every evening. As an occasional remedy, a pill may be given morning and evening.—*New York Medical Journal*.

HEREDITARY SYPHILIS.—In a recent clinical lecture (Philadelphia Medical Times) Dr. F. N. Otis says: The claim often made, that syphilis is or may be communicated to the embryo through the influence of the male parent directly is disproved by the fact demonstrated by the experiments of Mireur and others, now accepted by all recent authorities, that the semen does not

contain the contagious property of syphilis. Syphilis must, then, first be communicated to the mother before it can reach her unborn child. According to the views previously set before you demonstrating the material nature of syphilitic infection, the first requirement to that end is an organism free from syphilis; second, contact with the syphilitic contagium or principle. It has been practically demonstrated that the secretion of the sequelæ of syphilis, the so-called "gummy material," is free from a contagious property. The contagium of syphilis is comparatively short-lived; the contagious property in the blood has been so amply proved by the statistics of Fournier that it must be accepted as a rule that it does not last more than two or three years. The power of this contagium, then, to transmit disease through generations can not be admitted, any more than the power of the contagium of smallpox. This position is the legitimate and necessary sequence of the material views of the nature and behavior of syphilis which I have held and taught for the past fifteen years. Mr. Jonathan Hutchinson, in his lectures on the "Pedigree of Disease" in 1881 (published in London, 1884), says, page 90: "A child, then, I assert, *inherits syphilis in precisely the same sense and in precisely the same manner as it may inherit smallpox*. It inherits not the *diathesis*, but the *disease*." "The reason why," he says, "the inheritance of smallpox is very rare, while that of syphilis is unfortunately common, is simply that the period during which the virus is extant in the blood is very different in the two cases." He claims that the clinical facts generally known in regard to the syphilis of infants afford proof that the *diathesis* of syphilis is incapable of transmission as that of any of the exanthemata, and he concludes that "*no minified transmission is possible*; that the child gets either nothing at all, or the germs of the disease, and that in the latter case they will, subject to the laws of idiosyncrasy, develop equally in all cases." Mr. Hutchinson, generally conceded to be the greatest English authority on syphilis, thus distinctly supports the germ theory of syphilis, and carries it to the legitimate conclusion that the disease is confined in every instance to the individual organism infected, and hence that it is incapable of being acquired or communicated through hereditary transmission; in other words, that *there is no such disease as hereditary syphilis*, any more than there is an hereditary smallpox,

and that in every case of syphilis the disease is *acquired* through contact with a disease-germ of syphilis in an organism previously free from that disease, whether it occurs in the ovum, the embryo, the fetus, the infant, or in the adult. This is exactly the position which is taken by me in the chapter on "Syphilis of Infants and Hereditary Syphilis," in my book on Genito-Urinary Diseases and Syphilis, published by Bermingham & Co., New York, 1883, page 204 *et seq.*, and more fully discussed in an article prepared for the second edition of that work and published, from advance sheets, in the first number of The Esculapian, New York, January, 1884. If, then, as has been shown, the semen does not contain the contagium of syphilis, the male parent can not transmit it directly to his offspring. The mother must first acquire the disease; and it is only through the disease-germs of syphilis circulating in her organism that the product of conception can be infected before birth. The disease thus acquired, in accordance with the views of Hutchinson, previously quoted, and in accordance with the views I have advanced, "subject to the laws of idiosyncrasy, develops equally in all cases."

It is undoubtedly the fact that much disease in fetal and in infantile life results from pre-existing disease, the legitimate sequel of syphilis in the organism of the mother; but that any syphilitic disease proved to be such by its power to transmit syphilis has been communicated to healthy persons, by infants conceived after the active or contagious stage of syphilis in the parents has passed, there is no well authenticated evidence to prove. And this stage, as has already been stated, has been shown by ample testimony not to extend over a period of three or four years.

The pathology and treatment of the late lesions or sequelæ of syphilis will be made the subject of consideration in a subsequent lecture.

ON RAILWAY SPINE.—J. Campbell, M. D., C. M., and L. R. C. P., Edin., of Seaforth, Ont., writes, in the Canada Medical and Surgical Journal: The ever-interesting and ever-important subject of what now generally goes by the name of "Railway Spine" has, during the last year, been attracting renewed interest. This has been owing in a great measure to the publication of Page's work "On the Injuries of the Spine and Spinal Cord." Mr Page has been for a number of

years a surgeon to one of the greatest railway corporations in England, and therefore has had a very extended experience in all possible railway injuries, and particularly of cases of so called "railway spine." He contends that cases of what are commonly called concussion of the spine do not exist, except in the imagination of the surgeon making the diagnosis. By "concussion" he means the cord receiving an injury of such a nature as to give rise to pronounced symptoms, without at the same time the vertebrae, ligaments or membranes receiving any hurt. It is well known that Mr. Erichsen has been a strenuous advocate of the theory that the great majority of cases of railway injuries having for their symptoms spinal symptoms are due to concussion of the spinal cord. The first one hundred pages of Mr. Page's book are taken up with combating this view of Erichsen's, and it appears to me that Mr. Page's attempt has been successful. He at least conclusively shows that the vast majority of cases of concussion of the spine are nothing more nor less than cases where the lumbar muscles or the ligaments of the spine have been sprained or ruptured. Erichsen contends that many cases of "concussion of the spine" received in railway accidents never recover, while Page, on the other hand, maintains that these so-called cases of "spinal concussion" always do recover. While representing the reaction, Mr Page's recent work certainly favors an undue belief in the certainty of recovery in cases of this sort. Erb presents the matter more fairly than either of these writers. Accidents which occur in railway collisions, or other accidents, may lead to a long train of nervous symptoms, and when death has resulted a post-mortem examination may show little apparent cause for the fatal result. In the greater number of these cases the pathology is a riddle, which, for its satisfactory solution, will need a great deal of experiment and careful and extensive post-mortem investigation. The great trouble in coming to an opinion as to the nature and cause of a train of nervous symptoms following a railway injury is not whether we have to do with a functional or organic change, but whether we have to do with an actual or feigned train of symptoms. Usually the patient's symptoms are of such a nature that the physician can come to a conclusion without much trouble; but when he has to do with an intelligent and unscrupulous man, who expects a large sum from a railway company, the case is one of extreme

difficulty. In many of these cases it is quite impossible to come to a certain diagnosis. In the words of a recent writer, "The needed clinical work, it seems to us, in the study of 'railway spine,' is the determination of clearly defined types of the disease and the investigation of the varieties from this type and the certain relation of objective symptoms to the disease." That serious and even fatal effects may arise from changes in the cord where it has not received any direct injury has been abundantly proved. In the current number of Brain, there is a very instructive case reported by Dr. Edmonds of a soldier who was struck in the back with a bullet. The bullet entered the back two or three inches from the spine, and the surgeon who first attended him considered that the spine was severely injured because the patient had lost complete control over both lower extremities. Patient had paralysis of the bladder and rectum also. There was cystitis and a bedsores over the sacrum before death, which occurred five months after the injury. At the autopsy, there was no fracture or indication of fracture or dislocation of the vertebrae to be found. The corda vertebralis was intact. The cord was seen to be much atrophied and softened about the level of the wound. On hardening the cord in Müller's fluid, it was seen that there was universal myelitis and softening for about two inches opposite the wound; this gradually passing below into sclerosis of the lateral and anterior pyramidal tracts, and above into sclerosis of the posterior medium columns. There was no indication of hemorrhage, either external to or into the substance of the cord. Its surface was uninjured. This was undoubtedly a case of pure "spinal concussion." The immediate paraplegia following the injury could not have been due to any other cause. The case is then of very great importance, as it proves most conclusively that we can have, from a severe shock, sufficient changes brought about in the spinal cord to bring about death, and that these changes are, in the first place, nothing more nor less than "concussion of the spine."

Very recently the opinion appears to be gaining ground that we may have a tabes dorsalis arise from from peripheral causes; that, in fact, an ulcer in the foot may be *fons et origo mali* of this formidable disease.

The origin of the disease in such a case is explained by first a peripheral neuritis gradually extending along the course of the

nerves until it reaches the posterior roots, and there a similar process gives rise to a subsequent sclerosis of the posterior columns.

COCAINE.—The Vienna correspondent of the Philadelphia Medical News says of the new local anesthetic: There is no doubt about the fact that the medical virtues of erythroxylon coca are much better known and appreciated in America than in Europe. But recently, since E. Merck, in Darmstadt, has begun to prepare the alkaloid of that plant, and sell the easily soluble combination of cocaine with hydrochloric acid—though for a remarkably high price—some use has been made of cocaine, and some experience has been collected in Vienna about the interesting drug. Prof. Fleische and his colleagues here have seen the excellent effect of cocaine during the period of "abstinentia morphiae." Persons used to large amounts of morphia for many years could bear the privation of this alkaloid without suffering the well known tortures which are usually connected with it. Even in cases in which the morphia was not withdrawn gradually, but stopped at once, cocaine showed the best effects.

But we do not propose to dwell on those effects of cocaine which are already known, but about a form of application which, so far as is known, is quite new. This application has been brought forth by Dr. Koller in Vienna. Starting from the fact, that the parts of the tongue which were in direct contact with a strong solution of cocaine lose for a certain time their sensibility, he was led to try the application of cocaine to the cornea. If one or two drops of a concentrated solution of cocaine hydrochlorate in water be applied for some minutes to the free surface of the eye, the sensitive nerves of the cornea and of the surrounding parts become paralyzed, there is a local anesthesia, and the operations of extraction of cataract, of iridectomy, etc., can be performed without giving the patient any pain.

The great value of cocaine, as a means of inducing local anesthesia in the eye, is evident.

There have been performed also some operations (here in Vienna) on the larynx, in which a complete local anesthesia was effected by cocaine, but in that way it has been used previously, we are informed.

Dr. Battey has recently done his operation thirty-four times without a fatal case.

ARSENIC IN TUBERCULOUS DISEASE OF THE JOINTS.—Prof. von Langenbeck (*Centralblatt für die gesammte Therapie*) writes on the use of arsenic in cases of old tuberculous disease of the joints, where the patient has become greatly exhausted by long suppuration. He employs Fowler's solution together with cod-liver oil, and speaks highly of this combination. — *New York Medical Journal*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department, United States Army, from October 26, 1884, to November, 1, 1884:

Alden, C. H., Major and Surgeon, in addition to his duties at Fort Snelling, Minn., to perform the duty of Attending Surgeon at Department Headquarters. (S. O. 127, Hdqrs. Dept. Dakota, Oct. 23, 1884.) *Town, F. L.*, Major and Surgeon, assigned to temporary duty as Post Surgeon, Ft. Clark, Texas. (S. O. 145, Dept. Texas, Oct. 27, 1884.) *Bentley, Edwin*, Major and Surgeon, to be relieved from duty at Ft. Clark, Texas. (S. O. 145, Dept. Texas, Oct. 27, 1884.) *Wilson, W. J.*, Captain and Assistant Surgeon, assigned to temporary duty at Fort Trumbull, Connecticut. (S. O. 220, Dept. East, Oct. 27, 1884.) *Corbusier, W. H.*, Captain and Assistant Surgeon, assigned to duty at Fort Bowie, Arizona Territory. (S. O. 99, Dept. Arizona, Oct. 22, 1884.) *La Garde, L. A.*, Captain and Assistant Surgeon, assigned to duty at Fort Ellis, Montana Territory, relieving First Lieutenant G. E. Bushnell, Assistant Surgeon, U. S. A., who upon being relieved will report for duty at Ft. Snelling, Minnesota. (S. O. 126, Dept. Dakota, Oct. 22, 1884.) *Everts, Edward*, First Lieutenant and Assistant Surgeon, leave of absence extended one month. (S. O. 107, Hdqrs. Div. Pacific, Oct. 21, 1884.) *McCaw, Walter D.*, First Lieutenant and Assistant Surgeon, ordered from Fort Craig, New Mexico, to Fort Wingate, New Mexico, for duty. (S. O. 92, Hdqrs. Dist. of New Mexico, Oct. 21, 1884.)

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from November 2, 1884, to November 8, 1884:

Spencer, W. C., Major and Surgeon, ordered to Fort Trumbull, Connecticut, for duty as Post Surgeon, relieving Assistant Surgeon William J. Wilson, U. S. A., who will report at Department Headquarters, and await further orders. (S. O. 227, Dept. East, Nov. 5, 1884.) *Corhisier, W. H.*, Captain and Assistant Surgeon, ordered to Fort Grant, Arizona Territory, for duty as Post Surgeon. (S. O. 102, Dept. Arizona Oct. 30, 1884.) *Hopkins, William E.*, First Lieutenant and Assistant Surgeon, ordered to Fort Lowell, Arizona Territory, for duty as Post Surgeon. (S. O. 102, Dept. Arizona, Oct. 30, 1884.) *Egar, Peter R.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Lowell, Arizona Territory, and ordered to Fort Bowie, Arizona Territory, for duty as Post Surgeon. (S. O. 102, Dept. Arizona, Oct. 30, 1884.)